



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417  
(619) 531-5800 FAX (619) 515-6707

Base Station Physicians' Committee  
Ian Reilly, M.D., Chairperson  
c/o Emergency Medical Services  
6255 Mission Gorge Road  
San Diego, CA 92120  
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing/Border Health  
TB Control & Refugee Health  
Vital Records

## BASE STATION PHYSICIANS' COMMITTEE MEETING Minutes TUESDAY, March 15, 2011

### Members Present

Buono, M.D., Colleen – UCSD BHMD  
Grad, M.D., Michele – Palomar BHMD  
Howard, R.N., Luann – Scripps La Jolla BHNC  
Kramer, M.D., Mark – Sharp Memorial BHMD  
Kusman, Travis – S.D. Co. Ambulance Assoc.  
Linnik, M.D., bill – Sharp Grossmont BHMD  
Madati, M.D., Jamil – Rady Children's Hospital EDMD  
Marugg, James – SD County Paramedics Association  
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC  
Reilly, M.D., Ian – Scripps La Jolla BHMD  
Sallee, M.D., Don – NMCSO  
Tomaneng, M.D., Neil – Tri-City BHMD  
Zahller, M.D., Steve – Scripps Mercy BHMD

### Guests Present

Aker, Donna Kelly – UCSD ROC  
Bourdon, Darlene – Scripps Mercy  
DeMers, Gerard – UCSD  
Dotson, Melody – UCSD BHNC  
Graydon, Cheryl – Palomar Medical Ctr.  
Healy, Marla – Sharp Memorial  
Idman-Gervais, R.N., Dianne – Sharp Grossmont  
Modesti, Lucia – UCSD  
Rosenberg, R.N., Linda – Sharp Memorial  
Rosenberg, R.N., Wendy for Karen Majerczak  
Sapida, R.N., Juliet – UCSD Medical Center  
Serra, John – UCSD  
Thompson, Trevor – Pacific Ambulance

### Associate Members

Abbott, Stephen – North County Fire  
Allington, Linda – Carlsbad Fire  
Anderson, Marilyn – Vista Fire  
Broyles, Linda – AMR/RCCP  
Cavanaugh, Mary – Miramar Fire  
Davis, M.D., Dan – Mercy Air  
Foehr, Rick – ENSTA College  
Hudnet, Charlene – SDMS  
Maloney, Michael – AMR  
Maxwell, Jonathan – Poway Fire  
Murphy, Mary – CSA-17 FD  
Ochs, Ginger – SD Fire Rescue  
Russo, R.N., Joe – SDMSE  
Seabloom, R.N., Lynne – Oceanside Fire  
Vogt, Rick – San Marcos Fire  
Whittemore, Jared – Federal Fire/SDCAA  
Workman, R.N., Debi – Paramedic Trng Prog.

### County Staff

Haynes, M.D., Bruce  
Smith, Susan  
Stepanski, Barbara

### Recorder

Wolchko, Janet I.

## **I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Ian Reilly, M.D., Chair called the meeting to order at 11:05 am.

## **II. APPROVAL OF MINUTES**

The minutes for February 15, 2011 were approved.

## **III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)**

Offload Delays. Dr. Haynes met with Emergency Medical Oversight Committee (EMOC) to discuss offload delays. There were concerns regarding a website with information on offload delay data. This website is not associated with nor supported by the County of San Diego.

There has been a tremendous effort by the hospitals to stay off bypass and remain open. Call volume has been stable over the last 6 months and bypass is down at the lowest point in the last 10 years.

Rapid Base Contact. There are occasions when patients arrive at hospitals with very little warning. If the emergency department at the hospital is crowded, this may contribute to the offload delays. Contact and notification to the base hospital should be made as soon as reasonably possible to allow the receiving facility time to prepare to receive the patient.

Pulmonary Hypertension. Some pulmonary hypertension patients are being sent home while still receiving intravenous vasodilators that maintain vasodilatation and prevent abnormal blood vessel growth. Patients have been instructed to call 911 for assistance if the flow of their agent is interrupted as the interruption can cause sudden deterioration or even death. An IV line should be started to re-institute the infusion.

STEMI Results. From 2007 until the second quarter of 2010, there have been 3,220 patients entered into the system, some were inter-facility transfers and some were walk-ins. Of the 75 percent that arrive by 911, hospitals activated 1,890, which is 78 percent of the cases. Three quarters, 1,412, of the activated patents went to the catheterization (cath) lab. Out of those that went to the cath lab, a PCI was performed in 1,200 patients, or 85 percent.

In the second quarter of 2010, the mean door-to-balloon time was 60 minutes. Non-activated cases showed a mean of 72 minutes and walk-ins, 75 minutes. The number of activated cases having a door-to-balloon time of less than or equal to 90 minutes is 94 percent.

Protocols. Protocols are going through the review process.

POLST. The new POLST form will be effective April 1, 2011. The form has been clarified and offers additional information on decisions made regarding antibiotics and nutrition.

Influenza. The number of influenza cases peaked several weeks ago but has dropped to the level it has been during the last couple of months. There have been a fair number of cases, but not the number of severe illness at epidemic proportions seen in the past. The same vaccine will be used next year.

Japan. The Nuclear Regulatory Commission is monitoring the amount of radiation and vapors that may have been released during and after the earthquake in Japan. The State Department of Public Health has a hotline for questions and information at 916-341-3947.

San Onofre Nuclear Generating Station (SONGS) drills and emergency operations training are conducted every two years. The Emergency Operations Center (EOC) has a procedure on distributing potassium iodide to those exposed to radiation in the plant's vicinity.

Every six years there is an exercise where radiation portals are set up for testing individuals from the area around the plant that may have been exposed to radiation. If there has been exposure to radiation, showers are used for decontamination and potassium iodide is distributed.

Every 12 years there is an ingestion pathway exercise designed to address evaluation and protection of agricultural products, milk and water during an event.

Dr. Linnik made a comment regarding the emergency warning systems in Oregon. Communities in the coastal tsunami sections have an air raid siren warning and some areas have an automatic system to make calls to homes in the County that are in a tidal flood zone.

#### **IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)**

Elections for SDHDC Co-Chairs were held last month. Dale White from Sharp Memorial is the Operational Co-Chair for 2011, Linda Rosenberg from Sharp Memorial is the Clinical Co-Chair for the remainder of 2011, and Jeff Clingan from Palomar was elected Clinical Co-Chair for 2012. Elections are held every two years, alternating the co-chair positions.

At the SDHDC meeting a debriefing was conducted to address specific issues with the Joint Patient Assessment and Tracking System (JPATS) and the Electronic Death Registry System (EDRS) used during the 2010 November exercise. JPATS is the military system for hospitals to view and track patients as they are received. EDRS is the coroner's data base where hospitals submit electronic death certificate registration.

Updates on HPP grants and deliverables were given at the council meeting. The state is in the process of procuring a vendor for the equipment they will order on behalf of the hospitals. Data is being collected for the 2009 grant.

SDHDC is preparing for a 2011 hospital exercise that will have a pediatric surge drill scenario. In May, Children's hospital will be conducting a pediatric surge training course and will share specific tools that are used with pediatric patients.

The Statewide Medical Healthcare Exercise will be held on November 17, 2011. The scenario will focus on a water contamination.

Triage. Dr. Buono stated that information on the triage tags has been put on hold for further information.

UCSD Exercises. UCSD conducted an airline disaster exercise and an active shooter event. Dr. Buono explained that the airline crash exercise focused on patient care, calls from family members, identifying the contact for the plane manifest and the procedure to locate an individual

from the manifest. The “Active Shooter” drill was conducted at the Sulpizio Cardiovascular Center (CVC) with three series of events and a couple of scenarios involving approximately 140 people.

Dr. Haynes reported that EMOC is working on a narcotic prescription guidelines. The goal is to have patients with chronic pain conditions receive their narcotics from one medical resource ‘home’. Information will be sent out soon on how to access hospital medical records using the California Controlled Substance Utilization Review and Evaluation System (CURES) data base that has all narcotic prescriptions, potential indicators for drug abuse and fraud with chronic pain prescriptions. Dr. Grad reported that Palomar uses a code entered on their computer system to identify patients that come in requesting narcotics numerous times without seeing a primary physician. A certified letter is sent to the patient stating that the hospital QA department feels it is inappropriate for so many doctors to be prescribing them medication for their chronic conditions and will refer them to their primary doctor.

## **V. ROC UPDATE (Dan Davis, M.D.)**

ROC study lactate trials will begin next month. The lactate trial is an observational trial to explore what happens in the hospital and the field with screening patients and collecting serum lactate samples. Data on how many units of blood, extent of injuries and time will be reviewed. The study is in addition to the Trauma Epistry data base study which is more recently known as the PROPHET study. The initial phase will be in approximately 24 months. BSPC discussed volume of fluid administered and limited vs. aggressive fluid approach.

An Amiodarone, lidocaine and placebo study (ALPS) with cardiac arrest patients will be conducted as well. The study includes patients that had out-of-hospital ventricular fibrillation (VFib) and are still in VFib after one defibrillation. The study will take approximately 4 to 5 years because of the relative small numbers of patients.

## **VI. TREATMENT PROTOCOL REVIEW**

Policy changes reviewed:

S-411, Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect. Where to access forms on the EMS website.

S-461, Destination of Acute Stroke Patient. Treatment protocol to 4 hours. The “swallow test” was eliminated under “Care Pathways”.

Pediatric protocols previously reviewed by Children’s Hospital:

All O2 saturation was moved from ALS to BLS in the protocols where it is listed.

P-117, Pediatric Weight Based Dosage Standards. Neonatal drug doses were added.

P-160, Pediatric Airway Obstruction. Back blows and chest thrusts for infants were added and a reference to Distress Protocol S-167.

S-161, Pediatric Altered Neurological function. Treatment of hypoglycemia value was changed to 60 mg/dL. Eliminated 10 minute wait between first and second dose of Versed in seizure. Seizure time greater than 5 minutes includes seizure time prior to arrival. Versed is not required nor recommended

for simple febrile seizure. There was an inquiry regarding the minimum amount of versed. **Action: Dr. Haynes will check on the minimum volume of versed.**

S-162, Pediatric Allergic Reaction. Reformatted treatment divided by “Mild “, “Acute” “Anaphylaxis”. It was agreed to eliminate bronco spasm and Albuterol under “Mild”.

S-163, Pediatric Dysrhythmias. Delete age restriction on AED. Add “Begin compressions, after first 30 compressions” and delete “sinus pause” under SVT. There was discussion on Adenosine second dose.

S-164, Pediatric Envenomation Injuries. Wording was changed to match the adult protocol regarding jellyfish sting treatment.

S-165, Pediatric Poisoning/Overdose. There was discussion on charcoal administration, what information the Poison Control Center has suggested and if charcoal should remain in the ambulance inventory.

S-166, Pediatric Newborn Deliveries. Discussion ensued on “age to resuscitate” criteria. Dr. Madati mentioned the criteria for initiation of CPR has changed from 23 weeks to 20 weeks. It was agreed to eliminate the weight restriction.

S167, Pediatric Respiratory Distress. Avoid Albuterol in croup. In teaching, epinephrine can also be used for epiglottitis.

S-168, Pediatric Shock. Keep warm.

S-169, Pediatric Trauma. If hypotensive, start IV/IO en route.

S-170, Pediatric Burns and S-172, Pediatric ALTE. No changes.

S-127, Dysrhythmias. On continued discussion from the previous BSPC meeting, it was agreed for pacing to be Standing Order (SO). Morphine and versed will go to SO as well. There was a question on maximizing morphine before going to versed. Maximum morphine before using versed will be a teaching point. Amioderone will be added to the VTach protocol. There was an inquiry to use Lidocaine or Amioderone. Administration of Amioderone in certain cases was discussed.

The taskforce will meet on April 5 to proofread the protocols.

## **VII. REPORTS**

Dr. Dunford was not available to present the “Field Hypothermia” report.

Dr. Linnik had asked previously for time to discuss “Field Airway”, but the issue has been resolved.

## **VIII. ITEMS FOR FUTURE DISCUSSION**

Dr. Buono mentioned there will be an EMS open house at UCSD tomorrow, Wednesday, March 16 from 6:00-9:00 pm and Thursday from 9:00 am-12:00. The CVC will open on April 3, 2011. RSVP Dr. Buono if you would like to attend and tour the facility.

**IX. SET NEXT MEETING/ADJOURNMENT**

The next meeting will be April 19, 2011, 11:00 am at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

Meeting was adjourned at 12:35 pm.

Submitted by,

Janet I. Wolchko, Administrative Secretary  
San Diego County Emergency Medical Services